

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.O.		1-18-00
O.I.P.E. CLASSIFIER		49	2/5/00
FORMALITY REVIEW	BD	67369	2/10-00
RESPONSE FORMALITY REVIEW	BD	67369	57

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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